Nursing Home Quality: A National Overview of Public Reporting Programs

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Nursing Home Quality Reporting Environmental Scan Report

Background
The State of Rhode Island mandated a public reporting system (The RI Health Quality Performance Measurement and Reporting Program [HQPMR]) for all licensed health care facilities (General Laws, Chapter 23-17.17, the Fogarty legislation) in 1998 and health plans (General Laws, chapter 23-17.13, Zainyeh legislation) in 1996 to be developed and disseminated by the RI Department of Health (HEALTH). These laws require public reporting on the quality of health care delivered in all licensed healthcare facilities and certified health plans.

This report focuses on information available for reporting on nursing home quality that will be available to patients, consumers, providers, employers and other purchasers, legislators, and policy makers in Rhode Island. The purpose of this document is to present information about:
* available data sources to measure nursing home quality
* available measures of nursing home quality
* how others have publicly reported nursing home quality

Additional work is required to determine the suitability of these data sources, and the associated measures that can be calculated from them, for public accountability purposes.

1. AVAILABLE DATA SOURCES TO MEASURE NURSING HOME QUALITY

There are existing data sources to measure nursing home quality. These include abstracting information from the medical record or interviewing residents or their family members. However, these sources are logistically difficult and expensive to use. Claims data are also available but often cannot be used to adequately measure quality of care and are neither timely nor available for all nursing home residents. Information from the On-line Survey and Certification and Reporting System (OSCAR) and Minimum Data Set (MDS) provide two data sources that are available for all nursing homes and all residents from which to develop measures of quality. The Center for Medicare and Medicaid Services (CMS), formerly HCFA, requires this reporting.

OSCAR - This database contains information about nursing facilities, intermediate care facilities for the mentally retarded, home nursing care providers, hospice, freestanding ambulatory surgical centers, kidney disease treatment centers, and outpatient rehabilitation centers. Information is gathered during the on-site state survey process of each Medicare/Medicaid certified health care facility. The on-site survey (inspection) is conducted every 9 to 15 months, although, if there are any complaint investigations, information from interim surveys is also included.

OSCAR is a national and uniform database. Data are organized by facility and are combined with data from a variety of sources to present a thorough evaluation of the facility. These

sources include: resident and facility records; interviews with staff, residents, and family members of residents; and assessments of a sample of residents. The database contains information about facility characteristics such as ownership, number of beds, staffing; resident characteristics on the day of the survey, including both demographic and clinical characteristics; and deficiencies noted during the survey. These data are reported by facility.

The database is in the public domain, and there is no charge for obtaining the data. There are approximately 526 different types of deficiencies that are divided into 17 areas: resident rights; admission, transfer, and discharge rights; resident behavior and facility practices; quality of life; resident assessment; quality of care; nursing services; dietary services; physician services; rehabilitation services; dental services; pharmacy services; infection control; physical environment; administration; laboratory services; and other. The scope of each deficiency is included ranging from "affecting few residents" to "affecting many residents." The severity of each deficiency is included ranging from "potential for minimal harm" to "immediate jeopardy".

OSCAR reports are generated on facility characteristics and include provider type, occupancy, total beds, total certified beds, type of ownership, facility staffing information, and resident census. The data captured also permit the tracking of each facility's history of deficiencies. Reports also profile resident characteristics such as ADLS (activities of daily living), psychological status and incontinence. There are 158 OSCAR standard reports; however, not all relate to long-term care facilities. A listing of OSCAR standard reports is found in Appendix # 1. OSCAR reports are currently not available on the HEALTH website, however CMS' *Nursing Home Compare* website offers consumers OSCAR reports including nursing home characteristics, resident characteristics, and survey information.

Quality checks are in place to ensure the accuracy of OSCAR data at two levels. The first occurs when the data are entered. If errors are found by the software, the data entry staff will contact the supervising surveyor who will then contact the facility to correct them. Only valid entries can be uploaded to the database. The second step involves CMS regional office staff responsible for the manual review of each state's OSCAR data. One recognized problem with this data set is that it underreports short-stay patients and over-reports on long-stay residents.

MDS (Minimum Data Set)
The current MDS (version 2.0) provides a comprehensive assessment of an individual resident's healthcare status. Collection of MDS data is mandated by CMS and includes data elements related to the demographics, ADLs, physical, mental and emotional health of nursing home residents. A listing of the major categories of data collected is included in Appendix # 2. The MDS allows regulatory agencies to gather consistent, reliable, and valid data from all nursing homes across the country for all residents.

The MDS was initially constructed for the purpose of assessing the residents' status to assist with the development of care plans to address the residents' clinical needs. It is now also used to identify areas for inspection by the state surveyors and to identify quality improvement opportunities for the nursing homes as well as determine the rate of payment

for each resident during their Medicare covered stay. Facilities are mandated to report data on all Medicare certified beds, regardless of the payer source for the particular patient occupying these beds.

As of June 1998, all Medicare/Medicaid nursing homes contribute to this database. Nursing home data-entry staff or nurses enter data for each resident using MDS software. Nursing homes periodically transmit MDS data electronically to the State Survey and Certification Agency, which then forward the information to CMS. CMS maintains all the MDS data in a national repository.

2. AVAILABLE MEASURES OF NURSING HOME QUALITY

Most of the currently available measures of nursing home quality use either OSCAR or MDS data. Measures that use other data sources (such as medical record review) are available but can not be readily applied to all nursing homes.

OSCAR measures. OSCAR information can be used not only to provide descriptive information about nursing homes but also to generate quality measures. Examples of the quality measures based on OSCAR data reported include: Residents Who are Very Dependent in Eating, Residents Who are Bedfast, Residents With Restricted Joint Motion, Residents With Unplanned Weight Gain or Loss, and Residents With Behavioral Symptoms. Information on staffing levels and staffing ratios can be calculated. The data captured also permit the tracking of each facility's history of deficiencies. The number and type of deficiencies compared to other facilities can be calculated using OSCAR data.

MDS-generated quality indicators - The MDS quality indicators were developed by CMS in conjunction with the Center for Health Systems Research and Analysis (CHSRA) at the University of Wisconsin in Madison. The quality indicators have become the main tools for assessing whether quality care was provided and the outcome of that care. CMS and CHSRA have identified 11 domains, or categories of care, by which to measure quality (see Addendum #5A and 5B). Each domain contains one or more quality indicators for a total of 24 areas by which CMS objectively measures quality care. The information used to score the 24 quality indicators (Appendix # 3) is taken directly from the MDS form. Incidence indicators use the data from two separate MDS assessments to arrive at a data point; prevalence indicators take data from only one of these assessments. Several of the 24 quality indicators are risk adjusted classifying residents into high-risk or low-risk categories. They include behavioral symptoms affecting others, bladder or bowel incontinence, antipsychotic medication use in the absence of psychotic or related conditions, and stage 1-4 pressure ulcers. MDS QI scores, in their current format, are difficult to interpret and understand by medical professionals, much less by the public. The MDS QI "scores" currently represent a proportion of residents in a facility with an undesirable outcome (e.g. falls). Thus, higher values indicate a worse "score" while lower values represent better "scores". In addition, differences in scores between facilities can be small; therefore, the clinical significance of small differences in facilities' scores is difficult to interpret. As a result, consumers may make inappropriate decisions unless they receive assistance in understanding how to use the QIs in their decision-making process. Since the MDS QIs were designed as indicators, not as

absolute measures of quality, their use as measures of quality for public reporting has limitations.

Acknowledging the limitations of using MDS QIs in a public report on nursing home quality, some of the MDS QIs can provide useful information if properly presented. CMS currently publicly reports selected MDS QIs on the *Nursing Home Compare* web site, but defines them as a resident characteristic rather than as facility quality measures.

CMS is currently planning to test a new set of indicators developed as part of the "Mega QI" Project. The twenty-one new indicators, based on the MDS 2.0 and other sources, includes reporting requirements in several new areas, including foot care, use of medical devices, and surrogate decisionmaking with some of the indicators for post acute care patients and some for the long term care population. CMS is hopeful that the additional indicators will be used as standardized benchmarks to distinguish high quality facilities from those at risk of quality problems.

Mega QI Quality Indicators
➢ Use of Devices
➢ Acute Physical Illness
➢ Prevalence of Hospitalizations
➢ Clinical Complexity RAPS
➢ Low BMI
➢ Delirium
➢ New Delirium
➢ Hearing Aid
➢ Uneaten Food
➢ Absence of Teeth/Dentures
➢ Abrasions, Bruises
➢ Foot Care
➢ Pain Management
➢ Mode of Locomotion
➢ Wheelchair Independence
➢ ADL Decline
➢ Lack of Therapeutic Rehabilitation
➢ Customary Routines
➢ Care Preferences
➢ Surrogate Decisionmaker
➢ Advance Directives

3. How Others Have Reported Nursing Home Quality

We conducted an environmental scan of current public reports on nursing home quality using mailed surveys to all of the states survey and certification agencies (SSCA), a manual review of each SSCA web page, and a web search. We mailed a survey to each SSCA asking the following questions:

- Have reports about quality of care in nursing facilities been publicly reported in your state?
- Have guides about selecting nursing facilities been publicly reported in your state?
- If no reports or guides have been published, are there plans to do so in the near future?
- If you answered "yes" to the above questions, where are these reports or guides available?

In addition to reviewing and compiling information from the each state's response to the survey, each state that reported publishing data on quality in nursing homes on their web page was reviewed in July 2000 and again in July 2001. For the remaining states, not identified through the environmental scan, a review of the web site of the state agency responsible for nursing home oversight in that particular state was conducted. They included the Departments of Health, Departments of Human Services, and various aging/elder service organizations. To locate reports that could not be identified through our mailed survey, we conducted a web search using the search terms *nursing home report cards, nursing home quality,* and *nursing home ratings.*

Twenty-nine states returned the survey regarding nursing facility reporting. Twenty states currently publish some type of information on quality of care in the nursing homes in their state (see Appendix # 4). All the states that publish data on nursing home quality also have available other types of nursing home information such as guides to choosing a nursing home, information on payment for nursing home services, and general background on the state survey (inspection) process. In addition, each state provides information on their particular report such as a glossary of terms or consumer information guides. Many of the states that publish information on nursing home quality do so for individual homes only and do not publish the data in a way that would allow the consumer to compare one home to another, such as an overall rating or score. State reports that do allow for the comparison of nursing homes include Massachusetts, Rhode Island, Indiana, Vermont, Iowa, Pennsylvania, and Maryland.

There is a wide variation of information available among states. All nursing home performance systems reviewed use OSCAR data. Three also incorporate MDS assessment data (Texas, Maryland and CMS [formally HCFA] *Nursing Home Compare* web site). Two states, Vermont and Michigan, include patient satisfaction data (see Appendix # 5 - Satisfaction Surveys) while Pennsylvania and Wisconsin publishes data on staffing for each nursing home.

How states use OSCAR data varies. Some states, such as Massachusetts, Rhode Island, and Indiana, publish a "nursing home report card" assigning a "grade or score" to each nursing home in the state based on the results of their most current survey. Iowa reports the percent of compliance with each category of the nursing home survey. Some states do not publish quality information on all their nursing homes, but rather publish lists of homes with enforcement actions against them. Illinois publishes a quarterly report listing all nursing facilities that they have initiated action against for violation of the Nursing Home Care Act or that they have recommended for decertification. Other states that publish similar reports

include Florida ("Watch List"), Delaware (Homes with current enforcement actions), Colorado (Occurrence Reports), Michigan (Listing of regulatory citations), and Connecticut (A or B citations list, not web available). The web sites for the information are maintained by the Department of Health or Department of Human Services, depending on which agency is responsible for the survey and certification of nursing homes in that state. The exception is California. The group *California Advocates for Nursing Home Reform* maintains the website that publishes the information on California nursing home quality. Many states that publish nursing home quality information also provide a link to the CMS *Nursing Home Compare* web site.

Only three sites currently utilize MDS calculated QIs (Maryland, Texas and CMS). Texas uses all 24 MDS QIs currently used in the survey and certification process to calculate two measures for each nursing home. These ratings serve as predictors of quality rather than as true measurements of quality. Each nursing home is assigned a Potential Advantages Score (PAS) and a Potential Disadvantages Score (PDS). The PAS rates each facility based on the number of indicator conditions that suggest potentially superior performance. The most favorable PAS rating means that a facility has the most potential advantages. The PDS rates each facility based on the number of indicator conditions that suggest potential performance problems. The most favorable PDS rating means that a facility has the fewest potential disadvantages (see Appendix #6 for example of Texas report). Maryland uses 27 QIs and groups them into four domains (clinical, psychosocial, medication use, and functional). For each QI, they classify the facility as being in the top 20%, bottom 10% or middle group. Within each domain they report the number of QIs for that facility in each classification (see Appendix #7 for example of Maryland's report). CMS publicly reports the selected MDS QIs on the *Nursing Home Compare* web site (restraint use, pressure ulcers, and bowel and bladder incontinence), but defines them as resident characteristics rather than as quality indicators or measures (see Appendix #8 for example of Nursing Home Compare's report). California and Ohio both have plans to use MDS data in their public reporting programs.

Thirty states do not publish any nursing home quality information. Some default to CMS *Nursing Home Compare* or provide a link to the CMS site including Maine, South Dakota, Nebraska, Montana, Washington, Oklahoma, Louisiana, Alaska, and North Carolina. Many of the states that do not report quality data publish nursing home guides and/other other consumer information. Of the states that do not currently report nursing home quality, Tennessee, Arkansas, New Hampshire, Minnesota, Nevada, Georgia, and Ohio indicate they have plans to begin to develop tools to report quality in nursing homes in the near future contingent on funding.

Overall **strengths** of the reviewed web sites include the provision of thorough background information on the services nursing homes provide and the survey process itself. Many also provide a listing of additional resources and contact information related to long term care services. Listings of nursing homes by region are often available even in states that do not publish nursing home quality information. Nursing home checklists are often provided to consumers with topics that they should consider when assessing whether or not the nursing home can meet both their care needs and quality-of-life concerns. The New York nursing home information published assigns each home a rating ranging from "in compliance" to

"immediate jeopardy" based on the type and amount of deficiencies found. The consumer is then able to link to a copy of the actual survey report if additional information is desired. The resident satisfaction survey information available for Vermont and Michigan may provide the consumer more user-friendly information than the available quality reports. As for the structure of the web sites, some were better examples in terms of simplicity of format, language, and navigability. Maryland classifies the nursing homes and presents the information in a user-friendly format.

Weaknesses of the reviewed web sites include difficulty following the scope and severity matrixes. Often, a consumer would have to print the guide/instructions so he or she is able to constantly refer to it while reviewing the published data. For consumers with strong internet skills, negotiating through numerous screens before getting to the nursing home quality information would be time consuming although not difficult. Consumers less proficient with the internet, would encounter difficulty prior to being able to view the information if they did not understand that they must first ensure that they have adobe acrobat reader, which is necessary for many of the reports. Some states publish the facility OSCAR reports (e.g., New Jersey); and, they are, essentially, impossible for non-nursing home professionals to decipher. Other areas of difficulty within these web sites include presentation of outdated information, complex and confusing language, and orienting the site for the nursing home professional rather than the consumer. The sites, in general, have limited ability to search for nursing homes that provide particular services (e.g., wound care).

In addition to state sponsored nursing home quality report web sites, several independent organizations sponsor web sites that provide information on nursing home quality. Some provide information on all nursing homes in each state; and some are limited to providing information on one or two states within a selected region. Many of the reviewed web sites provide information free of charge, but two reviewed (*CareScout Rankings/Ratings* www.carescout.com and *Nursing Home Reporter* www.seniorcarehelp.com/) are proprietary and can cost up to $35.00 per nursing home report. Web sites reviewed that provide information free of charge include: *Search For Extended Care Providers,, About the Human Internet* http://alzheimers.about.com/helth/alzheimers/cs/nursinghomes/index.htm *,* and *Senior Alternatives for Living* http://www.seniroalternatives.com/nursing.html *.* Both *CareScout* and *Nursing Home Reporter* derive their information from OSCAR reports and survey deficiency reports.

Conclusions
The review of the existing web sites supports the recommendations that OSCAR and MDS based measures currently are the best available sources of standardized information across all nursing homes to use to generate quality measures for public reporting. However, an effective nursing home reporting system should also present basic demographic information such as location, cost, and services provided, as well as information on overall quality of care in a format that allows consumers to understand the information and compare nursing homes. Information on staffing could be helpful for consumers but valid measures of staffing levels given the variation in case-mix both within and between nursing homes makes this measure unreliable at this time. Consumers also value patient satisfaction measures, but little

information on valid nursing home satisfaction measures is available to incorporate resident satisfaction into RI's report at this time.

Appendix # 1

OSCAR Reports

1. Cases For Regional Office Alert
2. Facilities Scheduled for Survey
3. Facility History Profile
4. Facility Full Profile
5. Expanded Name and Address Listing
6. Name and Address Listing
7. POS Select Data Listing
8. Certification Work Processing Time
9. Average Certification Work Processing Times
10. Recap of Certification for Work Processing Times
11. Facility Counts and Provider Numbers
12. Facility Activity
13. Termination Data
14. Termination Data for Specific Categories
15. Survey Activity
16. Facilties Flagged for RO Review
17. Facilities With Selected Requirements Out of Compliance
18. Comparison of Deficiency Patterns in Tag # Sequence
19. Comparison of Deficiency Patterns by State's Region
20. Comparison of Significant Deficiency Patterns in Count Sequence
21. Comparison of Deficiency Patterns in Frequency of Occurrence
22. PPS Exclusions
23. ICF/MR Client Characteristics
24. SNF/NF Resident Characteristics
25. Survey Team Workload Data
26. Incomplete 670 Records
27. ODIE Facility Profile
28. ODIE Pending Records
29. ODIE Surveys Forwarded/Retained
30. ODIE Work Records
31. Complaint Facility History Profile
32. Complaint Summary File Tabulation
33. Complaint File Abstract Listing
34. Complaint Facility With Selected Requirements Out of Compliance
35. FMS Survey Profile
36. FMS Survey Profile For SAEP Review
37. FMS Name and Address Listing
38. FMS Survey Counts
39. FMS Comparison of Deficiencies in Frequency of Occurrence
40. FMS Substantial Agreement

Appendix # 2

MDS Data Elements

I. Background Information at Admission
   A. Identification Information – name, gender, date of birth, social security number, facility provider numbers, reason for assessment.
   B. Demographic Information – date of entry to facility, living arrangements prior to admission, lifetime occupation, highest education level achieved, mental health history.
   C. Customary Routine – interview resident regarding lifestyle habits in the year prior to entry in the facility (e.g. alcohol use, contact with relatives and friends)

II. Assessment and Care Screening: Functional Assessment
   A. Identification and Background Information
   B. Cognitive Patterns
   C. Communication \ Hearing
   D. Vision Patterns
   E. Mood and Behavior Patterns
   F. Psychosocial Well-being
   G. Physical Functioning and Structural Problems
   H. Continence in Last 14 Days
   I. Disease Diagnoses
   J. Health Conditions
   K. Oral \ Nutritional Status
   L. Oral \ Dental Status
   M. Skin Condition
   N. Activity Pursuit Patterns
   O. Medications
   P. Special Treatments and Procedures
   Q. Discharge Potential and Overall Status
   R. Assessment Information
   S. State Defined Section
   T. Supplemental Items for Medicare Prospective Payment System
   U. Medication (drug reactions and interactions)

III. Resident Assessment Protocols (RAPS) – identify RAP problem areas (e.g. delirium falls, nutritional status, pressure ulcers)

Appendix #3

The 11 Quality Domains
1. Accidents
2. Behavioral / emotional patterns
3. Clinical management
4. Cognitive patterns
5. Elimination / continence
6. Infection control
7. Nutrition / eating
8. Physical functioning
9. Psychotropic drug use
10. Quality of life
11. Skin care

The 24 Quality Indicators
1. Incidence of new fractures
2. Prevalence of falls
3. Prevalence of behavioral symptoms affecting others
4. Prevalence of symptoms of depression
5. Prevalence of symptoms of depression without antidepressant therapy
6. Use of nine or more different medications
7. Incidence of cognitive impairment
8. Prevalence of bladder or bowel incontinence
9. Prevalence of occasional or frequent bladder or bowel incontinence without a toileting plan
10. Prevalence of indwelling catheters
11. Prevalence of fecal impaction
12. Prevalence of urinary tract infections
13. Prevalence of weight loss
14. Prevalence of tube feeding
15. Prevalence of dehydration
16. Prevalence of bedfast residents
17. Incidence of late loss ADLs
18. Incidence of decline in ROM
19. Prevalence of antipsychotic use, in the absence of psychotic or related conditions
20. Prevalence of antianxiety / hypnotic use
21. Prevalence of hypnotic use more than two times in last week
22. Prevalence of daily physical restraints
23. Prevalence of little or no activity
24. Prevalence of stage 1-4 pressure ulcers

Appendix # 4

Current status of states that publicly report nursing home quality.

Arizona – Publishes current enforcement actions against nursing homes and provides link to CMS Nursing Home compare website. www.hs.az.us/als/enforce/enforce2.htm

California – California nursing home quality reports are web published by *California Advocates for Nursing Home Reform.* They provide information including profiles of services, citations, complaints, and deficiencies, as well as lists of nursing homes by county. How to interpret the violation data and services information is also available on their web site. www.canhr.org/NH_Date/SNFDataIntro.html

Colorado – The Colorado Department of Public Health's website publishes general introductory information about the state nursing home survey process, "Occurrence Investigative Reports", complaint summaries, and survey results. The occurrence reporting system requires state reporting of all incidents of unexplained deaths, brain injuries, spinal injuries, burns, abuse etc. The facility's plan of correction is also web available. www.hfd.cdphe.state.co.us/static/ncf.htm

Connecticut – Consumer guide notes any civil money fines (A or B citations levied against the NH in the past year). Not web available.

Delaware – No quality performance data reported however the Delaware Health and Social Services Division of LTC residents protection maintain a list of facilities with current enforcement actions against them on their web site. www.state.de.us/dhss.dltc/dlthome.htm

Florida – Florida publishes a "Watch List." On the internet, this list is published by the state Agency for Health Care Administration (the agency in Florida responsible for the survey and certification of their nursing homes) to assist consumers in evaluating the quality of nursing home care in Florida. The "watch list" reflects facilities that met the criteria for a **conditional** status on any day during the quarter. A conditional status indicates that a facility did not meet, or correct upon follow-up, minimum standards at the time of an annual or complaint inspection. Immediate action is taken if a facility poses a threat to resident health or safety. If the deficiencies that resulted in conditional status have been corrected, the current status is noted. Facilities appealing the state inspection results are also noted.   This document is subject to change as appeals are processed. The "watch list" lists the facility demographic information, a short description of the deficiency, and the number of times that particular facility has appeared on the "watch list." www.fdhc.state.fl.us

Illinois – The Illinois Department of Public Health publishes [on the internet] a quarterly report listing all nursing facilities that they have initiated action against for violation of the Nursing Home Care Act, or that they have recommended for decertification. From this list, you are able to click on a specific home on the list and go to a "News Release" by the DOH that describes the violation and the action taken by the department of health. From this page you are able to access a page outlining the incident investigation. www.idph.state.il.us/about/n…iolations/quarter_report_1-01.htm

Indiana – The Indiana State Department of Health, LTC Division, publishes nursing home survey information and information about their Nursing home report card system. The facility report cards assign a score to each facility between 0-1156. The closer to zero, the better the scores are considered to be. The scoring system evaluates 45 requirements of compliance that have been reviewed during each of the last three standard health surveys. Additional information provided indicates which facilities have had designations of immediate jeopardy, substandard quality of care, change in administration, change in ownership, number of substantiated complaints, and the number of deficiency free standard health surveys. Facility profiles outline demographic data and state licensure actions as well as any Federal civil monetary penalties. www.state.in.us/isdh/regsvcs/ltc/repcard/rptcrd1.htm

Iowa – Nursing home report cards are provided on the web by the Iowa department of Inspections and Appeals as well as a link to the CMS guide on how to choose a nursing home. The report cards list facility demographic information and contact information as well as deficiency and citation information. The facilities are scored as a percentage of compliance with quality indicators (regulations) as determined at the time of their annual survey. The phrase "quality indicators" is used to describe the nursing home's compliance with the nursing home regulations in the state rather than quality of care information derived through the MDS. The consumer is able to click on the tag numbers of the deficiencies and see a detailed explanation of each deficiency. www.dia_hfd.state.ia.us/reportcards/about.asp

Maryland – The Maryland Department of Health and Mental Hygiene publishes nursing home survey/inspection reports on their web site as well as assigns an overall rating to each home based on data from their CMS Quality Indicators. The reports list each nursing home, type and date of survey, and type and scope of deficiencies. The nursing home plan of correction is available for a nominal fee. www.dhmh.state.md.us/ohcq/reports/nhreport.htm

Massachusetts- In 1999 the Massachusetts Department of Public Health released an improved nursing home report card for consumers via the Internet. The improved "report card" contains detailed information on nursing homes in Massachusetts; the tool was designed to help educate consumers who are choosing a nursing home and allow people to compare facilities they may be considering for themselves or a loved one. The report card is based on the results from surveys conducted over a three-year period. It measures a home's compliance with 44 of the most critical federal quality standards in the areas of administration, nursing, resident rights, kitchen/food service, and environment. The tool also: includes deficiencies found during complaint investigations, as well as annual surveys; adjusts deficiencies for their scope and severity; and includes new information on citations issued, findings of substandard quality of care, and other infractions. www.state.ma.us/dph/hcqskel.htm

Michigan – Michigan Health Care Association maintains a web site that provides a guide to choosing a nursing home, results of a state wide nursing home satisfaction study as well as the methodology, and a listing of regulatory citations. The satisfaction instrument was originally developed for a pilot study done in 1996 with a random sample of Michigan nursing homes. The survey was completed in the spring and summer of 2000. Approximately 63% of nursing

homes participated in the satisfaction survey. You may search for nursing homes by city or county, and demographic information is available. http://guide.hcam.org/default.htm

New Jersey – The New Jersey Department of Health and Senior Services' web site provides a large assortment of information ranging from understanding care options to financing nursing home care as well as inspection reports. A visit checklist is available for downloading and printing. The inspection reports include the findings of standard surveys and complaint investigations conducted during the previous 15 months. Listings of enforcement summaries and copies of penalty letters are available for each nursing home cited.
www.state.nj.us/health/ltc/guide/intro.htm

New York – The New York State Department of Health posts on the web a nursing home summary report presenting the most recent standard survey results, and, if applicable, posts survey revisit results. Specifically, the report items provide the survey date and type, the overall rating of the survey, and a listing of deficient survey categories. General background information on the state survey process and guidance are described in easy to understand terms, and the survey deficiency categories are fully discussed in terms of expected facility standards. www.health.state.ny..us/nysdoh/nursing/key.htm

Pennsylvania – The Pennsylvania Department of Health maintains a web site that has facilities listed by county with survey results and nursing home performance profiles. Additionally, an explanation of the Long – Term Care survey process and how to choose a nursing home is provided. The facility demographic information includes profit vs. non-profit, size, payment options, and staffing. The survey results reported are the deficiencies, scope, severity, and plan of correction in narrative format. A chart then graphically displays the number of citations within each survey category and level of harm using a color-coded bar graph. A comparison is shown to similar facilities and statewide.
www.health.state.pa.us/QA/ltc/DEFAULTH.HTM

Rhode Island – The RI Department of Health, Division of Facilities Regulation, makes nursing home survey information available to consumers to help evaluate the quality of care provided by the state's nursing homes. They use a survey performance tool, adapted from the Massachusetts's tool that evaluates 88 survey items that have been reviewed during the last two standard surveys and assigns a score to each nursing home based on a 1-88 scale. Information on choosing a nursing home and a resource list for nursing home consumers are also available. www.health.state.ri.us/hsr/facreg/survey.htm

Texas – The Texas Department of Human Services maintains a web site for the "Long Term Care Quality Reporting System" (also known as QRS) to provide information about non-hospital nursing homes. QRS nursing home ratings are based on a reporting period that tends to indicate each facility's recent performance. Each facility is assigned an overall score. The overall score is the simple average of the four quality axis scores. It arbitrarily assigns equal importance to all the quality axes. Nursing facilities are listed in the comparison tables from highest overall score to lowest. QRS reports the quality of resident care using the two ratings PDS (potential disadvantages) and PAS (potential advantages). In addition to PAS and PDS scores, the QRS reports investigations and survey scores that rate the facility's compliance with all applicable regulations and requirements. The QRS website also provides a nursing

home checklist, an index of Texas nursing homes, survey and complaint investigation information, helpful contact information, and an explanation of the nursing home regulatory enforcement process.
www.dhs.state.tx.us/nhconsumer.html

Vermont – The State of Vermont Agency of Human Services publishes a guide to choosing a nursing home, a nursing home checklist, and survey summary information.   Comparisons of deficiencies (how many, scope, and severity) are published among facilities within a geographic area. Satisfaction survey explanations and results are also available. The results are displayed in graph format with comparison to state average scores.
www.dad.state.vt.us/ltcinfo/Guide.html

Wisconsin – The Wisconsin Department of Health & Family Services web site publishes general information on nursing homes and selection guides as well as a listing of state citations. The citation data includes survey date and type, the administrative code cited, number and class of citations, and revisit date and result. A consumer information report is also published which includes demographic information, staffing and retention data, and a summary table outlining a count of Federal violations with comparison data from home's previous survey, county, and state data.
www.dhfs.state.wi.us/bqaconsumer/NursingHommes/NhcitationsJP.htm

States that do not currently publish information about nursing home quality

Minnesota –The department of health has a booklet "Information for Residents, Families, and Visitors" available on their web site. www.health.state.mn.us/divs/fpc/nursingpamplet.htm

Provide Link to Nursing Home Compare
Alaska
Missouri
Montana
Nebraska
Nevada {A list of all nursing homes in Nevada is also available}
New Hampshire
North Carolina
South Dakota **-** The South Dakota Attorney General publishes general information on nursing homes, what to look for when choosing a nursing home and resident rights.
Washington

Defaults to CMS Nursing Home Compare
Louisiana
Maine
Oklahoma

States that do not publish data nor provide link or default to CMS Nursing Home Compare

Alabama	North Dakota
Arkansas	Ohio
Georgia	Oregon
Hawaii	South Carolina
Idaho	Tennessee
Kansas	Virginia
Kentucky	West Virginia
Mississippi	Wyoming
New Mexico	

State	Deficiency Data	MDS\OSCAR	Satisfaction Data	Comments
AR	Yes	OSCAR	No	Provides link to *NH Compare*
CA	Yes	OSCAR	No	Provides profiles of services offered
CO	Yes	OSCAR	No	Provides "Occurrence Investigative Reports"
CT	Yes	OSCAR	No	Not internet available
DE	Yes	OSCAR	No	Only reports on facilities with current enforcement actions against them
FL	Yes	OSCAR	No	Only reports on facilities with current conditional status
IL	Yes	OSCAR	No	Only reports on facilities with current violations of the Nursing Home Care Act
IN	Yes	OSCAR	No	Provides a nursing home "report card" assigning a score to each nursing home
IO	Yes	OSCAR	No	Facilities are scored as a percentage of compliance with survey regulations
MD	Yes	OSCAR & MDS	No	In addition to survey data, reports on xx MDS quality indicators
MI	Yes	OSCAR	Yes	63% of nursing homes participated in satisfaction survey
NJ	Yes	OSCAR	No	Listings of enforcement summaries and coies of penalty letters also available
NY	Yes	OSCAR	No	Also provides overall rating of the survey
PA	Yes	OSCAR	No	Provides staffing data
RI	Yes	OSCAR	No	Assigns a score 1-88 according to survey results

TX	Yes	OSCAR	No	Assigns a QRS rating based on facility's recent performance
VT	Yes	OSCAR	Yes	Provides comparisons among facilities
WI	Yes	OSCAR	No	Staffing and retention data available
MN	No			Provides booklet with general nursing home overview information
AK	No			Link to *Nursing Home Compare*
MO	No			Link to *Nursing Home Compare*
MT	No			Link to *Nursing Home Compare*
NE	No			Link to *Nursing Home Compare*
NV	No			Link to *Nursing Home Compare*
NH	No			Link to *Nursing Home Compare*
NC	No			Link to *Nursing Home Compare*
SC	No			Link to *Nursing Home Compare*
LA	No			Defaults to *Nursing Home Compare*
ME	No			Defaults to *Nursing Home Compare*
OK	No			Defaults to *Nursing Home Compare*

The following states do not publish data nor provide link or default to *CMS Nursing Home Compare*:

Alabama	Kansas	Ohio	West Virginia
Arkansas	Kentucky	Oregon	Wyoming
Georgia	Mississippi	South Carolina	
Hawaii	New Mexico	Tennessee	
Idaho	North Dakota	Virginia	

Appendix #5A

Satisfaction Survey

File Edit View Go Communicator Help

HCAM Health Care Association of Michigan

... putting the pieces together

Michigan Consumer Guide to Nursing Homes

THE PULSE
THE HCAM STAFF
THE CONSUMER GUIDE
CURRENT NEWS ITEMS
ONLINE PURCHASING
CHOOSING A HOME
FINANCING CARE
LONG TERM CARE
BUYING INSURANCE

GOV. FUNDED LTC
EMAIL HCAM
HOME

www.HCAM.org
P.O. BOX 80050
LANSING, MI 48908
Ph: 517.627.1561
Fx: 517.627.3016
E: info@HCAM.org

Satisfaction Study Methodology

The family satisfaction scores are drawn from the results of a statewide study of the satisfaction level of family members of Michigan nursing home residents. The study was done by Great Lakes Marketing of Toledo Ohio on behalf of Health Care Association of Michigan.

The study was performed throughout the Spring and Summer of 2000. Invitations to participate were extended to every nursing home in the State of Michigan. 280 Michigan Nursing Homes (about 63 percent of all homes in the state) participated in the study, allowing Great Lakes Marketing to send a written satisfaction survey to the family members or "responsible parties" of every resident in their care at the time they participated.

The instrument used was originally developed for a pilot study done in 1996 with a random sample of 50 Michigan nursing homes. To develop the survey instrument, Great Lakes Marketing researchers performed phone interviews with about 300 Michigan residents with a loved one in a Michigan nursing home. These interviews with family members focused on determining what factors customers think are important in defining quality care. Based on the feedback of these families, Great Lakes Marketing crafted a survey tool that measures customer satisfaction level with elements of care that customers deem important.

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Appendix #5B

Satisfaction Survey

Browser window titled "Survey Descriptions - Netscape"

Click buttons for a description of the Survey Chart Categories

| Admissions | Room | Dining | Maintenance | Nurses |
| Nurses Aides | Housekeeping | Activities | Finances | Final |

Nursing Home Resident Satisfaction Survey Home Page

Nursing Home Resident Satisfaction Survey Results

Admissions	Residents were asked to grade the courtesy of staff and the explanation of rights, responsibilities and services
Room	Residents were asked to grade the noise level, cleanliness and if things like lights, sink, television, etc. were operational.
Dining	Residents were asked to grade the variety and quality of food as well as special diet needs. Residents were also asked about the cleanliness of the area and respect of the dining staff.
Maintenance	Residents were asked to grade the courtesy and skill of the maintenance staff and well as the promptness in responding to issues.

Appendix #6

Texas Report

TEXAS
Department of
Human Services

Home   Search   Contact   Site Map

About DHS   Regional Information   Research & Statistics   Job Opportunities   FAQs
Agency Programs | Community Partnerships | Publications Online | Provider Services | Calendar of Events

QRS Home   **QRS Search**   **QRS Feedback**   **QRS Help**

How QRS Rates Nursing Homes

Overview   Comparisons   Quality of Care   Facility Surveys   Quality Profiles   Rating Scales

Overview

Quality has many different dimensions. The quality of care provided to nursing home residents, the quality of life each resident experiences, the ability of a facility to meet all regulatory requirements, and customer satisfaction are all important aspects of quality. QRS currently uses four quality dimensions or **axes** to rate nursing facilities. Two axes reflect quality of care, and two more measure compliance with state and federal regulations.

A brief background history of QRS development as well as answers to providers' frequently asked questions are available on the QRS **Provider FAQ** page.

Interpret QRS ratings cautiously. QRS nursing home ratings are based on a reporting period that tends to indicate each facility's recent performance. QRS ratings do not indicate facility performance over the long term. Further, because QRS is only updated monthly, it is possible that very recent performance problems will not appear in QRS. Even a facility that appears to have favorable QRS ratings may be under sanctions or penalties due to performance problems that occurred outside the QRS reporting period. The Actions and Events section of each facilty's quality profile contains additional historical information that can help you to better judge the consistency of facility performance over time.

Use QRS information to help you make a nursing facility selection rather than as a short-cut to finding the *best* nursing home. You may also contact the DHS Consumer Information Hotline at 1-800-252-8016 or via **e-mail** to request additional consumer information about a particular facility.

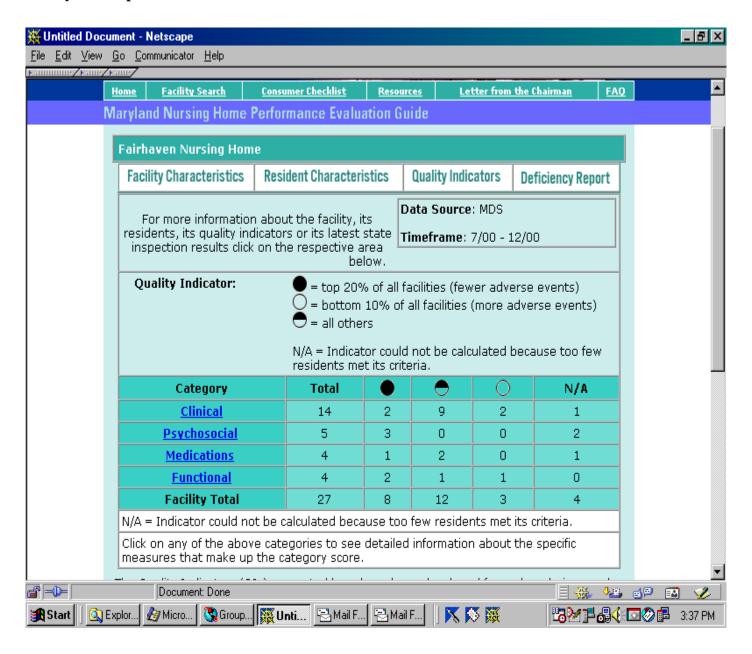[Top of Page]

Comparisons

QRS quality comparison tables show ratings for the Medicaid-certified nursing facilities in each Texas county. Each facility is assigned an overall score. **Interpret the overall score with caution.** The overall score is the simple average of the four quality axis scores. It arbitrarily assigns equal importance to all the quality axes. As you read individual facility **quality profiles**, you will need to decide whether these axes are indeed equally important to you.

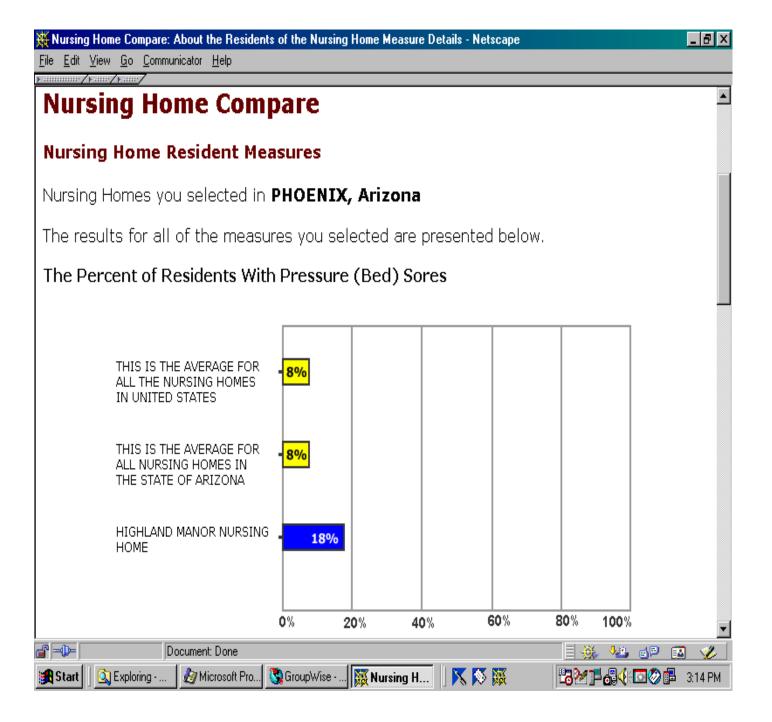Nursing facilities are listed in the comparison tables from highest overall score to lowest. Occasionally, more than one facility has the same overall score. All facilities with the same overall

Appendix #7

Maryland Report

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File Edit View Go Communicator Help

| Home | Facility Search | Consumer Checklist | Resources | Letter from the Chairman | FAQ |

Maryland Nursing Home Performance Evaluation Guide

Fairhaven Nursing Home

| Facility Characteristics | Resident Characteristics | Quality Indicators | Deficiency Report |

For more information about the facility, its residents, its quality indicators or its latest state inspection results click on the respective area below.

Data Source: MDS

Timeframe: 7/00 - 12/00

Quality Indicator:

● = top 20% of all facilities (fewer adverse events)
○ = bottom 10% of all facilities (more adverse events)
◐ = all others

N/A = Indicator could not be calculated because too few residents met its criteria.

Category	Total	●	◐	○	N/A
Clinical	14	2	9	2	1
Psychosocial	5	3	0	0	2
Medications	4	1	2	0	1
Functional	4	2	1	1	0
Facility Total	27	8	12	3	4

N/A = Indicator could not be calculated because too few residents met its criteria.

Click on any of the above categories to see detailed information about the specific measures that make up the category score.

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Appendix #8

Nursing Home Compare Report

Previously in this series

Rhode Island Q Series on Health Care Quality

Number 11